## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

01

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



/ 40.			or <u>F</u>			·	
INSTRUCTIONS: This for appropriate. All further reindicated unless external maintenance fee notification	orm could be used for tran prescondence including the below or directed otherwise ons.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and P ders and notifi ) specifying a	UBLICATION FEE (if requestion of maintenance fees new correspondence address	nired). Blocks 1 through 5 s will be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  45211 7590 12/20/2004				Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificate	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
KELLY K. KORDZIK WINSTEAD SECHREST & MINICK PC PO BOX 50784				Co	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
DALLAS, TX 75201				transmitted to the USI	transmitted to the USPTO (703) 746-4000, on the date indicated below.  (Depositor's name)		
/17/2005 AWONDAF2 00000014 500563 09696485					(Signature)		
FC:1501 1400.00 DA					(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/696,485 10/25/2000			John Brian Pickering		GB9-1999-0107US1	3603	
TITLE OF INVENTION: V	VOICE PROCESSING SYST	EM					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	03/21/2005	
EXAMINER		ART UN	IT	CLASS-SUBCLASS			
MCFADDEN, SUSAN IRIS		2655	2655 704-270000				
CFR 1.363).  Change of correspon Address form PTO/SB/1  The Address indicates and the corresponding to the corresp	ce address or indication of "Foodence address (or Change of 122) attached.  ation (or "Fee Address" Indicator more recent) attached. Use	Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Michael P. Adams  Winstead Sechrest &				
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)			
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified be in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appea Γa substitute fo	ar on the patent. If an assign or filing an assignment.	nee is identified below, the o	document has been filed for	
(A) NAME OF ASSIGN			B) RESIDENCE: (CITY and STATE OR COUNTRY)				
International	Business Machi	nes Corpor	ation	Armonk,	New York 1050	4	
Please check the appropriat	e assignee category or catego	ries (will not be pr			Corporation or other private gr	roup entity Government	
4a. The following fee(s) are	e enclosed:	4b	. Payment of F				
☑ Issue Fee ☐ Publication Fee (No small entity discount permitted)			☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0563 (IBM) (enclose an extra copy of this form).				
			Deposit Accor	unt Number 50-0563	(IBM) (enclose an extra o	copy of this form).	
_ ~ .	s (from status indicated above SMALL ENTITY status. See	•	□ h Applica	nt is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1 27(a)(2)	
			* *		ly paid issue fee to the applic gistered attorney or agent; or t		
Authorized Signature	1/			Date	2-2-05		
Typed or printed name Kelly K. Kordzik		dzik			1 No. 36,571		
This collection of information application Confidentia	ion is required by 37 CFR 1.3	11. The informatio	n is required to	obtain or retain a benefit by	the public which is to file (an minutes to complete, includi	nd by the USPTO to process)	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.